

**This document must be submitted
prior to interviews.**

**Please return completed form
along with completed City of
Delta employment application to:
CITY OF DELTA
HUMAN RESOURCES
360 MAIN STREET
DELTA, COLORADO 81416**

**PERSONAL HISTORY AND SUPPLEMENTAL STATEMENT
FOR THE
CITY OF DELTA POLICE DEPARTMENT**

**Please note: Failure to follow instructions and complete all forms
thoroughly will result in your removal from the hiring process.**

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

You are being asked to provide information about yourself that will be used in an investigation to evaluate your suitability for employment with the City of Delta Police Department. Information for the background investigation is collected from you, criminal records, driver's history, questionnaires and personal interviews.

1. If you complete this form by hand, please print legibly in dark ink.

2. **All information requested must be supplied** and is subjected to verification. *Deliberate inaccuracies, omissions or incomplete statements will bar or remove you from employment.* If a question does not apply, please enter "N/A" or "None" in the space provided. If there is not sufficient space to list all the information requested, please attach additional sheets of 8 ½ x 11 paper.

3. **It is your responsibility to make sure all information is completed and accurate, including addresses and phone numbers (include fax numbers). This pertains to all schools attended and previous employers.** You may obtain zip codes from the U.S. Post Office or go to www.usps.com. *Failure to provide this information will result in your removal from the process.*

4. Your cooperation will aid in the investigation and expedite the results. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and the degree of relevance to the job.

5. You **will be required** to submit the following documents at some point in the process, *do not include them with this packet.* An investigator will notify you when to make them available. The investigator will make a copy and return your original documents at the completion of the investigation. It is suggested that you take the necessary steps NOW to obtain them.

- Certified copy of Birth Certificate
- Photocopy of High School Diploma or G.E.D. Certificate (if required for position)
- Original copy of all College Transcripts. All educational transcripts should be mailed directly to the police department (City of Delta Police Department, 225 West 5th Street, Delta, Colorado 81416, Attention: Training Unit), in an officially sealed envelope from the school
- Original DD214 (if served in the military) must include discharge status section
- Naturalization or Citizenship papers (if applicable)

You **are required** to submit photocopies of the following documents with the packet.

- Name change documents
- Peace Officer Standards and Training certificate of graduation from a police academy

6. Please read the two (2) waivers at the end of this packet carefully and have your signature notarized before returning them to the address listed on the first page of this supplement.

7. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the City of Delta Police Department or another law enforcement agency in possession of a notarized waiver signed by you.

8. There is one exception of the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction **WILL BE NOTIFIED**.

City of Delta Police Officer Recruit Information General Information

Thank you for your interest in the Police Officer position with the City of Delta. The application process consists of four steps: application, written test, physical agility test, and oral interview.

The City of Delta employment application and Personal History application must be completed in its entirety. The complete application packet must be either mailed via US Postal Service or hand-delivered to:

**City of Delta
Human Resources
360 Main Street
Delta, Colorado 81416**

E-mailed, faxed or applications delivered to the Police Department will not be accepted!

The physical agility and written tests are pass/fail. You must receive a passing score in each component of the written test (Math, Reading, Comprehension, and Grammar) in order to continue in the process.

Applications are eligible for the following priority points:

Education	Spanish/English Bilingual
AA degree or 2 years college	(based upon level of fluency)
Bachelor's Degree	

Information regarding dates and times for the written, physical agility tests and oral interviews will be by notification by U.S. Postal service from the Human Resources Department.

The Process

1. APPLICATION: The City of Delta Employment Application form and Personal History Statement must be completed in its entirety. Any section in which information is omitted or incomplete will result in rejection of your application. The applications will be screened for completeness and information.

2. TESTING: Candidates must pass both an assessment of physical skills (physical agility test) and a written examination. Selected applicants will be notified by mail of the time and location of the tests.

A. **Written Test** is pass/fail. Candidates must pass **all** components of the test (Math, Reading, Comprehension, and Grammar) in order to continue in the process. The written test will be administered prior to the physical agility test and if failed candidate will not be eligible to continue in the process.

B. The Physical Agility Test is pass/fail. Candidates that fail the physical agility test will not be eligible to continue in the process.

3. INTERVIEW: Successful candidates will be notified at the conclusion of the written and physical agility test when their oral interview is scheduled. Those candidates with the required passing scores for both written and physical agility tests will be eligible to continue the process.

ADDITIONAL INFORMATION

- **Candidate must be 21 or older prior to taking the written test**
- **Lateral entry is available on a case-by-cases basis.**
- **Information about the City of Delta and the Police Department is available from the City's web page at www.delta-co.gov.**
- **Additional testing and a background investigation are required prior to hiring. Background investigation will include examination of work history, prior drug usage, criminal activity, etc.**

Write a short paragraph explaining: a) why you are interested in becoming a police officer, and b) why you are applying with the City of Delta Police Department.

AFFIDAVIT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named to give any information regarding my employment, character and qualifications. I authorize the City of Delta Police Department to conduct a background investigation pertaining to my suitability for employment which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed could be cause for termination and this employer shall not be liable in any respect for such action or termination.

I understand that any false statement in this document or willful misrepresentation will result in disqualification from the application process. If the misrepresentation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary actions, up to and including termination.

As an applicant for employment with the City of Delta Police department I understand that, if hired, I must comply with all policies and procedures of the City of Delta and City of Delta Police department. Additionally, I agree to submit to a physical exam, pre-employment drug screening test, a psychological test and other tests as required by the City of Delta.

NOTE: APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE – NO EMAILED OR FAXED APPLICATIONS WILL BE ACCEPTED.

Applicant signature

Date

**Equal Opportunity Employer
Return applications with POST certification to:
City of Delta, Human Resources, 360 Main Street, Delta, Colorado 81416**

CITY OF DELTA POLICE DEPARTMENT
SUPPLEMENTAL APPLICATION
MAIL WITH EMPLOYMENT APPLICATION TO:
CITY OF DELTA, HUMAN RESOURCES, 360 MAIN STREET, DELTA, CO 81416

NO EMAIL OR FAX APPLICATIONS WILL BE ACCEPTED

NAME (please type or print): _____
Last First MI
Social Security Number: _____
Birth Date (MM DD YYYY): _____
Home Address: _____
Home Phone Number: () _____
E-mail Address: _____

Telephone number (pager, cell, etc.) where you can be reached from 8:00 a.m. to 5:00 p.m., Monday through Friday: _____

Telephone number (pager, cell, etc.) where you can be reached after 5:00 p.m., Monday through Friday and weekends: _____

Other names (alias, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

Present Marital Status: () **Married** () **Single** () **Divorced** () **Widowed** () **Separated**

FULL NAME OF CURRENT SPOUSE

First Name Middle Initial Last Name Date of Birth

CHILDREN: (ALL CHILDREN OR STEP-CHILDREN WHETHER CURRENTLY LIVING WITH YOU OR NOT. ATTACH ADDITIONAL PAGES IF NECESSARY.)

Full name of child	Date of Birth	Place of Birth	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS: PRINT ALL INFORMATION REQUESTED ABOUT MOTHER AND FATHER, PRINT “DECEASED” IF APPROPRIATE.

Mother’s last, first and middle initial

Full Address with Zip Code

Home Telephone Number:

Place of Birth (City, State, Country)

Date of Birth

Father’s last, first and middle initial

Full Address with Zip Code

Home Telephone Number:

Place of Birth (City, State, Country)

Date of Birth

Were you reared by anyone else? ☐ Yes ☐ No If “yes:”

Relationship to you:

Last, first and middle name:

Full Address with Zip Code

Home Telephone Number:

Place of Birth (City, State, Country)

Date of Birth:

If you need additional space for any of the above questions, please attach paper with information to back of document.

RESIDENCE INFORMATION

BEGINNING WITH YOUR CURRENT ADDRESS AND WORKING BACK, LIST EACH ADDRESS AT WHICH YOU HAVE RESIDED SINCE AGE 18 OR THE PAST TEN YEARS, WHICHEVER IS LESS.

FROM-MO/YR	TO-MO/YR	STREET ADDRESS/APT#	CITY	STATE	ZIP	OWN OR RENT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Please list names, addresses, and phone numbers of Landlord for those periods when you rented.

[illegible]

LIST INDIVIDUALS, EXCEPT SPOUSE OR PARENTS, YOU HAVE RESIDED WITH SINCE AGE 18 OR THE PAST TEN YEARS, WHICHEVER IS LESS. (ATTACH ADDITIONAL PAGES IF NECESSARY.)

[illegible]

EDUCATION

Please indicate appropriate high school status: ☐ Diploma ☐ GED

List all high schools/universities/colleges you have attended, beginning with high school.

FROM Mo/Yr	TO Mo/Yr	SCHOOL	ADDRESS	PHONE	FAX#

Have you ever been suspended or expelled from any high school, college, university, or any formal educational institution beyond high school? ☐ Yes ☐ No

If “yes”, please explain, including school(s) and date(s):

Do you currently hold a Peace Officer Certificate? ☐ Yes ☐ No

If “yes”, please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.):

Has the Police Officer Standards and Training Board (or other similar authority) ever taken disciplinary action against your certification? ☐ Yes ☐ No

If “yes”, please provide dates and explanation for each situation:

EMPLOYMENT

Please list any and all other law enforcement agencies you have applied or tested with. Please provide year, agency and place an "x" in the block indicating which area of the process you completed and whether you were disqualified or hired.

YEAR	AGENCY	WRITTEN	PHYSICAL	INTERVIEW	BACKGROUND	PSYCH	MEDICAL	DISQUALIFY	HIRED
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Beginning with your most recent employer, list all jobs, including part-time, temporary or volunteer positions you have held since age 16 or over the last ten years, whichever is less. If you had intervening periods of military service, unemployment or school, list those periods in sequence in the place provided at the end of this section. If you were discharged from any employment or requested to resign, state under "reason for leaving."

May we contact your present employer? () Yes () No (If "no" explain why we cannot contact)

Current or Most Recent Employer

Company Name	City/State	() _____ Phone number of Supervisor
() Full Time () Part Time	() Volunteer	
From _____ to _____ Date Employed	Job Title	Supervisor's Name
Duties:		

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

=====

Company Name	City/State	() _____ Phone number of Supervisor
() Full Time () Part Time	() Volunteer	
From _____ to _____ Date Employed	Job Title	Supervisor's Name
Duties:		

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

=====

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:
Co-Worker's Name _____ Work Hours _____
Address/Phone/Email _____
=====

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:
Co-Worker's Name _____ Work Hours _____
Address/Phone/Email _____
=====

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:
Co-Worker's Name _____ Work Hours _____
Address/Phone/Email _____
=====

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

Company Name
() Full Time () Part Time
From _____ to _____
Date Employed

City/State
() Volunteer
Job Title

() _____
Phone number of Supervisor
Supervisor's Name

Duties:

Reason for Leaving or wanting to leave:

Co-Worker's Name _____ Work Hours _____

Address/Phone/Email _____

LIST ALL PERIODS OF MILITARY, UNEMPLOYMENT OR SCHOOL HERE:

Reason	From	To

Have you ever been subjected to verbal, written or documented disciplinary or corrective action because of misconduct or unsatisfactory performance? ☐ Yes ☐ No

If “yes”, please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Were you ever involuntarily terminated, asked to resign or resigned to avoid disciplinary action or investigation from a job?

☐ Yes ☐ No (If “yes”, please provide dates, company name and explanations for each situation.)

Date	Company	Explanation

DRIVER'S LICENSE HISTORY

Do you possess a valid Colorado driver's license? ☐ Yes ☐ No If "yes", list the following:
License # _____ Class: _____ Expiration: _____

Please list other states where you have been licensed to operate a motor vehicle.

<u>State</u>	<u>Name under which license was issued</u>
_____	_____
_____	_____
_____	_____

Have you ever been refused a driver's license by any state? ☐ Yes ☐ No
If "yes", please explain when, where and why.

Has your driver's license ever been suspended, revoked, cancelled or denied? ☐ Yes ☐ No
If "yes", provide, when, where and explanation for each situation.

List all traffic summonses/tickets you have received since age 16 or over the last ten years, whichever is less (not including parking violations/tickets).

<u>Nature of Violation</u>	<u>Location (city/state)</u>	<u>Approximate date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all motor vehicle accidents you have been involved in since age 16 or over the last ten years, whichever is less.

<u>Date</u>	<u>Location (city/state)</u>	<u>Investigating Agency</u>	<u>Injury/Non-Injury</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEGAL

If you ever as an adult or juvenile committed, but not been caught, been arrested for, taken into physical custody for, been issued a misdemeanor citation for (excluding traffic citations), or convicted of any of the following crimes, place an "x" in the appropriate box or boxes.

STATE AND MUNICIPAL OFFENSES	(Place an "x" in appropriate section)	COMMITTED	TICKETED	ARRESTED	CONVICTED	N/A
Abuse of Public Records						
Aiding Escape						
Accessory to a crime						-
-ALCOHOL						
Consume/Possess Anywhere by minor						
Sell/Furnish/Give to minor						
Buy/Obtain by minor						
Possess in public by minor						
Consume in public/open container						
Sell without a license						
Arson, 4 th Degree						
Assault, 2 nd Degree (upon peace officer)						
3 rd Degree						
Attempt to escape						
Bodily waste, depositing						
Burglary, 2 nd Degree (occupied structure)						
3 rd Degree (registers, vending)						
Burglary, possession of tools						
Camping prohibited in City						
Child Abuse (child under 16 years)						
Compounding						
Concealing death						
Contributing to delinquency of a minor						
Criminal mischief						
Criminal tampering, 2 nd Degree						
Dispensing violent films to minors						
-DISORDERLY CONDUCT						
Offensive Utterance/Gesture						
Abuses/Threatens person						
Fighting						
Displaying deadly weapon						
Discharging firearm						
Disturbing the peace						
Domestic Violence						
Duty to report use of force by peace officer						
Eluding the police by vehicle						
Escape						
Ethnic intimidation						
Failing to disclose a conflict of interest						

COMMITTED	TICKETED	ARRESTED	CONVICTED	N/A
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Failure to obey a juror summons

False imprisonment

False report of a crime

False report – I.D. info to police

Fireworks prohibited (outdoor fires)

-HARASSMENT

Strike/Shove/Kick

Obscene Gesture/Language

Following a person

Initiates threatening communication

Telephone contacts

Repeated communication

Insult/Taunt/Challenge

Stalking

Harboring a runaway

Impersonating, criminal

Impersonating, a peace officer

Impersonating, a public servant

Indecent exposure

Interference/Obstructing officers

Kidnapping

Littering

Loitering

Menacing with deadly weapon

Missiles, throwing at vehicles

Noise, unreasonable

Obstructing emergency services personnel

Obstructing government operations

Official misconduct, 1st Degree

Official oppression

Pandering

Panhandling

Perjury, 2nd Degree

Prostitution, engaging in

Prostitution, soliciting

Public indecency

Reckless Endangerment

Resisting arrest

Sales, Door to Door

Sales, without license or permit

Sex Offender, failure to register as a

Sexual Assault, any form of

Sexual Contact, unlawful

Simulating legal process

Soliciting unlawful compensation

Tampering with a witness/victim

	COMMITTED	TICKETED	ARRESTED	CONVICTED	N/A
Theft (<\$100)					
(\$100 - \$500)					
(\$500 - \$15,000)					
(from a person)					
Theft by receiving					
-TOBACCO					
Furnish to minors					
Purchase by minors					
Sales to minor					
Trading in public office					
Trespassing, 1 st Degree (house or car)					
Trespassing, 2 nd Degree (fences or hotels)					
Trespassing, 3 rd Degree					
Violation of bail bond conditions					
Violation of restraining order					
-WEAPONS					
Concealed weapon					
Possession of a dangerous weapon (silencer, machinegun short shotgun, short rifle, ballistic knife)					
Possession of an illegal weapon (blackjack, gas gun, brass knuckles', gravity knife, switchblade)					
Discharge a BB gun or pellet gun					
Discharge of bow and arrow					
Discharge of firearm (into building/car)					
Window peeping					

If you have ever, as an adult or juvenile, been arrested for, taken into physical custody for, been issued a misdemeanor citation for (excluding traffic citations), or convicted of any of the above crimes, please give the following information:

Date	Agency/Location	Charge	Disposition

As an adult, have you ever been placed on probation by any court? () Yes () No
 If “yes”, please give details to include when, where and why.

[illegible]

DRUGS

Have you ever tried, experimented with, or in any way introduced into your body by any means:

Drug	Yes	No
<u>Marijuana</u>		
<u>Cocaine (Crack, Blow)</u>		
<u>Hashish/Hashish Oil</u>		
<u>Ecstasy or other party drug</u>		
<u>Methamphetamines</u>		
<u>(Speed, Crank, Rock, Ice, Crystal)</u>		
<u>Amphetamines</u>		
<u>(Cross tops, Whites, Bennies)</u>		
<u>Barbiturates, hypnotics, downers</u>		
<u>LSD, Acid, Mushrooms or Hallucinogens</u>		
<u>PCP (Angel Dust, Sperm)</u>		
<u>Heroin or other Opiates</u>		
<u>Steroids</u>		
<u>Pharmaceutical drugs not prescribed to you</u>		

QUESTIONNAIRE

YES NO

Is there any other drug, narcotic or controlled substance not listed above that you introduced into your body?

Have you introduced into your body a substance which you thought was an illegal drug, but do not know the name of it or later found out that it was not?

Have you ever injected any type of illegal drug into your body?

Have you ever sold any type of illegal drug?

Have you every purchased any drug, narcotic or controlled substance other than by a doctor's prescription?

Have you ever participated in the manufacturing, cultivation, or production of any type of illegal drug, narcotic or controlled substance?

Have you ever acted as a courier by transporting any type of illegal drug, narcotic or controlled substance?

Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any type of illegal drug transaction?

Have you ever told anyone where to purchase any type of illegal drug?

Have you ever temporarily stored or "held" any type of illegal drug, narcotic or controlled substance?

Have you ever had any type of illegal drugs in your possession while at work?

Have you ever bought or sold any type of illegal drug at work?

Are there presently any types of illegal drugs in your home or car?

Explain any "yes" answers to the Drug Use Questionnaire in detail below, to include when, where, and what kind of drug, how taken and circumstances.

REFERENCES

Please provide a minimum of four (4) and a maximum of six (6) references (not relatives, employers or significant others or their relatives) who would be able to comment on your character, experience, personality and other qualities related to this job. These references should not be the same as in the employment section. Please provide complete, accurate information.

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
E-Mail address	Acquaintance (how do you know them?)	

GENERAL INFORMATION

List any indentifying scars, marks, tattoos, burns or birthmarks you have.

This position involves shift work. A new employee could be assigned any shift during the training period. In addition, you may be required to work overtime and must be available for emergency call-in overtime. You will have three days off per week and you will work a high percentage of holidays, weekends and may not be able to get time off for personal events like anniversaries, birthdays, etc.

Are you willing to work all hours of the day, all days of the week, holidays, special family occasions, and overtime when assigned? ☐ Yes ☐ No

If the necessity arose in the course of your employment to use deadly force, use your weapon or firearm on a human being, would you have any reluctance to do so? ☐ Yes ☐ No

LETTER OF UNDERSTANDING

I am applying for a position with the City of Delta Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an initial interview conducted by the City of Delta Police Department.

I understand that I must cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my driving record
- Examination of my personal credit/financial report

I understand that as part of this process, if a selected candidate, will participate in an oral interview, which will evaluate my potential suitability for employment. This in turn will be followed by my completion of all of the following tests, which will be required after a conditional employment is offered.

- Drug screening test
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the City of Delta Police Department. I understand that the results of the tests are the property of the City of Delta Police Department and that I will not receive copies of the reports nor any information contained in them. If an offer of employment is made a drug test and physical examination will be scheduled, and the results will not be released to me, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by the City of Delta Police Department after testing, in light of the requirements of the job, along with the previous information have been reviewed, and an approval for hire according the City of Delta Personnel Regulations.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with the City of Delta Police Department, only that I will be eligible for consideration for positions that may become available, pursuant to established rules and regulations of the City of Delta. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the City of Delta.

Signature of Applicant: _____ Date: _____

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the City of Delta Police Department in this Personal History Statement, as well as any other statements and information provided for pre-employment background investigation or any other phase of pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant: _____

Printed name: _____

Applicant's Social Security Number _____ - _____ - _____

Date of Birth: _____
 Month Day Year

Dated this _____ day of _____, 20_____.

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Public in and for said County of _____, State of _____.

Notary Public

My commission expires: _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent for the City of Delta Police Department, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act (FCRA or the Act).

The term "employment purposes" means the use of a consumer report or investigative consumer report "for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee."

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee." The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the City of Delta Police Department to consider in determining my suitability for employment.

In the event of my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for the City of Delta Police Department to consider in determining my suitability for employment by the agency. In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy of this release form, even though said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature of Applicant: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____
Dated this _____ day of _____, 20____.

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Public in and for said County of _____, State of _____.

Notary Public

My commission expires: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any authorized representative of the City of Delta Police Department bearing this release or a copy of it, within 90 days of its date, to obtain copies of any and all information in your files concerning any conviction that I may have and/or my education, academic achievement, school/work attendance, personal history, work performance, investigation, reports, discipline, and any and all reports, records or documents kept or maintain by you, regardless of whether the information released may be derogatory in nature, **including any files which are deemed to be confidential, and/or sealed.**

I hereby direct you to release this information to the bearer, regardless of any agreement I may have made to the contrary. The City of Delta Police Department is requesting the information pursuant to this release in order to process my employment application; the Department will discontinue processing my application if you do not disclose the information requested. This release is executed with full knowledge and understanding that the information is for the official use of the City of Delta. I authorize the reports, records and documents, in whatever form, to be read, reviewed and/or to photocopied.

Consent is further granted for the City of Delta and Police Department to furnish the information to third parties employed by the City in the course of fulfilling its official responsibilities for the recruitment and selection of officers.

I hereby release you as my employer, former employer or representative of either and/or a representative of any school, college, university or other educational institution, both individually and collectively, from any and all liability or damages of whatever kind, which may at any time result to me, my heirs or my assigns because of compliance or attempts to comply with this authorization form and request to release information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature of applicant: _____

(Complete name)

Print name: _____

Current address: _____

City/State/Zip: _____

Phone Number-Day: () _____ Evening: () _____

Dated this _____ day of _____, 20____.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public in and for said County of _____, State of _____.

Notary Public

My commission expires: _____